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Date:

April 5, 2005

To:

United States Patent and Trademark Office

Examiner: Vo, Tung T.; Art Unit: 2613

Fax:

(703) 872-9306

Re:

Application Serial No.: 09/910,684

Filing Date: 7/20/2001; First Named Inventor: Hwang, Michael Y.T.

Attorney Docket No.: 0190151

From:

Farjami & Farjami LLP

Number of pages including the cover sheet: 16

Message:

Enclosed please find the Amendment and Response to the Final Office Action dated December 21, 2004. Payment for the First Month Extension Fee in the amount of \$120.00 is hereby enclosed on Form PTO-2038.

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PTO/SB/21 (08-03)
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		Application Number 09/910,684									
TRANSMITTAL		Filing Date	7/20/2001								
FORM		First Named Inventor	Hwang, Michael Y.T.								
(to be used for all correspondence after initial filing)		Examiner Name	Vo, Tung T.								
		Art Unit	2613								
Total Number of Pages i	in This Submission 15	Attorney Docket Number	0190151								
ENCLOSURES (check all that apply)											
X Fee Transmitt		Drawing(s)		After to Gre	Allowance comp	nunication					
Fee Atlached		Licensing-related Papers	Appeal Commu of Appeals and								
X Amendment / Reply		Petition		Appe (Appe	eal Communica eal Notice, Brief,	tion to Group Reply Brief)					
After Final		Petition to Convert to a Provisional Application	P P		rietary Informat	ion					
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Ad-	dress [Status Letter							
Extension of Time Request		Terminal Disclaimer		X Othe ident	r Enclosure(s) (ify below):	please					
Express Abandonment Request		Request for Refund	1. 0	Credit Ca	rd Payment fo	r \$120.00					
Information Disclosure Statement		CD, Number of CD(s)									
Certified Copy Document(s)	of Priority Rem.	arks									
Response to M						•					
	to Missing Parts CFR 1.52 or 1.53										
	SIGNATURE	OF APPLICANT, ATTORN	EY, OR AGI	ENT		·					
0,	Farshad Farjami, Esq., Reg. No. 41,014										
Signature											
Date Apr	il 5 .2005 C										
CERTIFICATE OF TRANSMISSION											
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at facsimile number (703) 872-9306 on the date shown below.											
Type or printed name Lesley L. Lam											
Signature		(the Late		Date	April 5	, 2005					

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known						
					n Number	09/910,684					
FEE TRANSMITTAL				Filing Date		7/20/2001					
				First Name	ed Inventor	Hwang, Michael Y.T.					
For FY 2005					Name	Vo, Tung T.					
Applicant Claims small entity status. See 37 CFR 1.27						2613					
TOTAL AMOUNT OF PAYMENT (\$) 120.00					ocket No.	0190151					
METHOD OF PAYMENT (check all that apply)											
Check X Credit Card Money Order None Other (please identify):											
X Deposit Account Deposit Account Number: 50-0731 Deposit Account Name: Farjami & Farjami LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee											
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FEE CALCULATION		_			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
1. BASIC FILING, SEA	RCH, AND E	XAMINATI	ON FEES								
	FILING F		SEARCH FE			TION FEES					
Application Type	_	nall Entity ee (\$)	Small Fee (\$) Fee	l Entity /\$\		nall Entity Fee (\$)	Fees P	mid (6)			
Utility	300	150		250 1ਵਾ	200	100	reesr	aru (\$)			
Design	200	100	100	50	130	65					
Plant	200	100		150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0	-				
2. EXCESS CLAIM FE	ES					•	S	mall Entity			
Fee Description							Fee (\$)	Fee (\$)			
Each claim over 20 or,	for Reissues,	each claim	over 20 and more	than in the ori	iginal patent		50	25			
Each independent claim							200	100			
Multiple dependent clai						5	360	180			
Total Claims	Extra Claims	Fe	e(\$) Fee	Paid (\$)		Multiple Depende		.00			
- 20 or HP =		х				Fee (\$)	Fee Paid (\$)				
HP = highest number of total da	ims paid for, if gre	ater than 20									
Indep. Claims	Extra Claims	<u>Fe</u>		Paid (\$)		***************************************		-			
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3. APPLICATION SIZE		ior, ii gircaici vii									
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If the specification and							sman entry)	1			
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
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4. OTHER FEE(S)		/30-		out up wa mi	ole Homber,	<u> </u>		s Paid(\$)			
Non-English Speci	-	_	small entity disc	•							
Other: Extension for Response within First Month (Fee Code: 1251/2251) \$120.00											
SUBMITTED BY											
Signature	1000		Registra	ation No. 41	014	04/06/2Teleph	one (949)	282-1000			
Name (Print/Type) Fai	shad Farja	mi. Eso.	1 (Date	475 69	80043 09910			

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